REPORT OF LOBBYING FIRM

(Government Code Section 86114)

		REPORT COVERS	PERIOD FR	ом 01/01/2	2009 THROUGH	03/31/2009	
FORM		CUMULATIVE PER	IOD BEGINN	NING	01/01/2009)	
1990	0						FOR OFFICIAL USE ONLY
			TYPE OR	PRINT IN INF	<		A
	mation required to be pon Lobbying Disclosure				es Act of 1977, see	I <u>nformation</u>	В
NAME O	F LOBBYING FIRM:						
	AND ASSOCIATES						,
BUSINE	SS ADDRESS: (Numbe	er and Street)	3	(City) SACRAMEN - TO	(State) CA	(Zip Code) 95814	TELEPHONE NUMBER:
MAILING	ADDRESS: (If differer	nt than above)		10			<u> </u>
PART	l - (Read the instruction	s on the reverse befo	ore completin	g this section. T	hen, check o <u>ne</u> of th	ne boxes below and	complete Part I.)
	PARTNERS OF	WNERS, OFFICERS,	OR EMPLO	YEES WHOSE	"I OBBYIST REPOR	RTS" (FORM 615) A	RE ATTACHED TO
	THIS REPORT.	<u>OR</u>					
		WNERS, OFFICERS, CASIONS DURING			GAGED IN DIRECT	COMMUNICATION	NON AT LEAST FIVE
Owner	. F. WOLEN						
JUDITH	I E. WOLEN						
☐ If n	nore space is needed, che	ck box and attach contin	nuation sheets.				
			SUMMAR	RY OF PAYM	IENTS THIS PE	RIOD	
			. 004	-5 40			
Α.	GRAND TOTAL PAY (From Subtotals in Part I		\$ 9943	55.40 E		ONTRIBUTIONS MA	
В.	TOTAL ACTIVITY EX	DENSES:	\$	0.00	X None This	Period Part	IV Completed and Attached
ъ.	(From Part III, Section A		Ψ	0.00			
C.	TOTAL PAYMENTS	TO OTHER	\$ 225	50.00 F	. IS THE FIRM A	MEMBER OF A LC	DBBYING COALITION ?
	LOBBYING FIRMS: (From Part III, Section B)			X No	□ Ves	(Complete and attach Form 630)
D.	GRAND TOTAL PAY	MENTS MADE:	\$ 225	50.00	<u> 74</u> 140		(Complete and attach Form 650)
	(B + C, above)						
				VERIFIC	ATION		
							I to the best of my knowl-
	e information conta						
	I certify under pena	alty of perjury und			of California tha		
	ed on (Date)		At (City an			, , ,	Responsible Officer)
04/29/			Sacrament	o CA		Judith Wolen	
Name o	f Responsible Officer (*	Type or Print)				Title	
Judith	Wolen					Owner	

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)						
	Address and Telephone I abe Med Impact Heal					
San Diego CA 92	2131					
Legislative or State Period. (See instruc	Agency Administrative Actions on reverse.)	tions "Actively" Lobbied During the				
None						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date	
\$ 18000.00	\$ 283.80	\$ 0.00 none	\$	18283.80	\$ 18283.80	
Employer's Name, ASSOCIATION OF EN ION	Address and Telephone I VIRONENTAL AND ENGINE	I Number ERING GEOLOGISTS SOUTHERN CALIFORNIA SECT -				
Thousand Oaks (
Legislative or State Period. (See instruc Legislature on SB rnor's proposal to	Agency Administrative Adstraints on reverse.) 599 SB 275 and Depa merge BGG with anoth	tions "Actively" Lobbied During the rtment of Consumer Affairs regarding Gove - er like entity				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date	
\$ 2070.00	\$ 90.00	\$ 0.00 None	\$	2160.00	\$ 2160.00	
	Address and Telephone I nnical Engineers Assoc					
Placerville CA 95	6677-1693					
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) Legislature on SB 599 SB 275 Department of Consumer Affairs on issues relating to the Governor's proposal to eliminate and merge some boards.						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date	
\$ 9150.00	\$ 90.00	\$ 0.00 None	\$	9240.00	\$ 9240.00	
If more space is n	eeded, check box and attach	continuation sheets SUBTOTAL	\$	99455.40		

PERIOD COVERED:	01/01/2009	03/31/2009	

PART III	PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES						
SECTION	SECTION A: ACTIVITY EXPENSES (See instructions on reverse.)						
	/ITY EXPENSES ARRANGED, INCURI RRED BY A LOBBYIST)	RED, OR PAID B	Y THE LOBBYIN	IG FIRM (OTHE	ER THAN THOSE PA	AID OR	
Date	Name and Address of Payee	of Repo	and Official Positio ortable Persons and unt Benefiting Each	d	Description of Consideration	Total Amount of Activity	
				\$		\$	
	Deference No.						
Reference No: If more space is needed, check box and attach continuation sheets TOTAL SECTION A.1. (Include all subtotals from Continuation Sheets) \$ 0.0						\$ 0.00	
2. TOTAL ACTIVITY EXPENSES PAID, INCURRED, OR ARRANGED BY ALL LOBBYISTS EMPLOYED BY THE LOBBYING FIRM WHICH HAVE BEEN OR WILL BE DEIMBURSED OR PAID BY THE FIRM.						\$ 0.00	
3. TOTAL ACTIVITY EXPENSES (Section A, Parts 1 + 2)					\$ 0.00		

PERIOD COVERED:	01/01/2009	03/31/2009	
NAME OF LOBBYING	FIRM:WOLEN AND	ASSOCIATES JUDITH E.	

PART III - PAYMENTS MADE (Continued)						
SECTION B	: PAYMENTS MADE TO OTHER LOBB	YING FIRMS				
	ame, Address and Telephone umber of Firm Contracted With	Name of Employer or Client for Whom Subcontractor was Retained to Lobby		Amount This Period		umulative tal to Date
Capitol Partners I	nc.	California Naturopathic Doctors A - ssociation	- \$	2250.00	\$	2250.00
Sacramento CA	95814					
If more spa	ace is needed, check box and attach on sheets.	TOTAL PAYMENTS (Include all subtotals from continuation sheets)	\$	2250.00	O	
behalf of stat	CAMPAIGN CONTRIBUTIONS MADE a candidates, elected state officers and any on A or B below.)	of their controlled committees, or commit	ttees suppor	ting such candid	ates or offi	cers must
	ne contributions made by you during the perio closure statement which is on file with the Sec low.					
	Major Donor or Recipient Committee Which In Disclosure Statement:			cation Number if ant Committee: _		
	ntributions of \$100 or more which have not be anization's sponsored committee, must be ite		statement, in	cluding contribut	ions made	by an
Date	Name of Reci	ipient	I.D. Nur Comm		Am	ount
				\$		
If more space is needed, check box and attach continuation sheets.						
NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.						

PERIOD COVERED: 01/01/2009 03/31/2009

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)							
Employer's Name, Nami-California	Employer's Name, Address and Telephone Number Nami-California						
Sacramento CA	95825						
Legislative or State Period. (See instruc Legislature on SB /SSP cuts	Agency Administrative Actions on reverse.) 296 AB 244 and Budge	tions "Actively" Lobbied During the et Issues relating to Mental Health cuts SSI -					
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date		
\$ 13332.00	\$ 0.00	\$ 0.00	\$	13332.00	\$ 13332.00		
ASSOCIATION O		Number PLOGISTS SACRAMENTO SECTION					
Sacramento CA							
Period, (See instruc	ctions on reverse.) 599 SB 275 and Depa	rtment of Consumer Affairs on the proposal -					
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date		
\$ 775.00	\$ 45.00	\$ 0.00	\$	820.00	\$ 820.00		
Francis varie Norse	Address and Talanhass N	None					
Capitol Partners I	Address and Telephone Noc.	Number					
Sacramento CA	95814						
Period. (See instruc	Agency Administrative Actions on reverse.) 1544 SB 743 AB 1153 mbulance reimburseme						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date		
\$ 34800.00	\$ 174.60	\$ 0.00	\$	34974.60	\$ 34974.60		
None							
		PAGE SUBTOTAL	\$	49126.60			

PERIOD COVERED: 01/01/2009 03/31/2009

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)							
	<u> </u>						
''	Employer's Name, Address and Telephone Number ASSOCIATION OF ENGINEERING GEOLOGISTS SAN FRANCISCO SECTION						
Fremont CA 945	36						
Period. (See instruction SB 599 SB 275 D	Agency Administrative Actions on reverse.) epartment of Consume another like entity.	tions "Actively" Lobbied During the r Affairs regarding the Governor's proposal to					
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	7	Total This Period	Cumulative Total to Date		
\$ 1465.00	\$ 90.00	\$ 0.00 None	\$	1555.00	\$ 1555.00		
	L Address and Telephone N FUROPATHIC DOCTO						
Legislative or State Period. (See instruc Department of Co nate the Bureau o	Agency Administrative Actions on reverse.) nsumer Affairs and Leg f Naturopathic Medicine						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	7	Total This Period	Cumulative Total to Date		
\$ 9000.00	\$ 0.00	\$ 0.00 none	\$	9000.00	\$ 9000.00		
Employer's Name, Address and Telephone Number President Bill Lucia Health Management Systems							
New York NY 10	016						
Period. (See instruc	Agency Administrative Actions on reverse.) alth Care Services on c						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	7	Total This Period	Cumulative Total to Date		
\$ 10000.00	\$ 90.00	\$ 0.00	\$	10090.00	\$ 10090.00		
		None					
		PAGE SUBTOTAL	\$	20645.00			